### INTER-OFFICE MEMORANDUM

### Office of the Director

**TO:** Chief Executive Officers **DATE:** March 13, 2002

State Departments and Agencies

**FROM:** Lawrence C. Franklin, Jr., State Controller

SUBJECT: UNCOLLECTIBLE ACCOUNTS AS OF JUNE 30, 2001

Please forward a list of uncollectible accounts and the detail of in-house collection procedures **on or before April 19, 2002** to the Office of Accounts and Control, One Capitol Hill, Providence, RI 02908-5883. Standardized Form AR-1 is to be used to report uncollectible accounts (form enclosed).

A new form has been added to the report: Form AR-1c, entitled "Summary Aging of Accounts Receivable". You should complete and return this form with the others when requesting a write-off of accounts receivable. You should include those accounts that you are requesting to be written off in the aging. (You can pick a cut-off date to present this information.)

If you have no uncollectible amounts, please reply as such.

/hh Enclosures CEO:02-01

### OFFICE OF ACCOUNTS AND CONTROL

### REPORT OF UNCOLLECTIBLE ACCOUNTS RECEIVABLE

It has been determined that the following listed claims for moneys due to the State are uncollectible and that all means of obtaining payments have been exhausted with the exception of cases in which the costs of collection exceed collectible funds.

| RTMENT / AGENCY:                           |          |
|--|----------|
| Signature of Department or Agency Director | <br>Date |

### **SUMMARY PAGE**

| Receipt Account Number | Category of Uncollectible<br>Accounts Receivable | Amount |
|------------------------|--|--------|
|                        |  |        |
|                        |  |        |
|                        |  |        |
|                        |  |        |
|                        |  |        |
|                        |  |        |
|                        |  |        |
|                        |  |        |
|                        |  |        |
|                        |  |        |
|                        |  |        |
|                        | TOTAL \$   |        |

### OFFICE OF ACCOUNTS AND CONTROL

### REPORT OF UNCOLLECTIBLE ACCOUNTS RECEIVABLE

In filling out the following pages, please complete all, using the explanatory codes listed below:

### **EXPLANATORY CODES:**

| A   | Death of Payee             |
|-----|----------------------------|
|     | Unknown Location of Payee  |
| B-1 | Payee Located Out of State |
|     | Bankruptcy or Receivership |
| C-1 |                            |
| D   |                            |
| E   | Error in Billing           |
| E-1 |                            |
| E-2 |                            |
| F   | Other (Please Explain)     |
| G   |                            |
| H   |                            |
|     |                            |

### **COLLECTION PROCEDURES CODES**

| A | In-House Collection Procedure                          |
|---|--|
| В | In-House Procedures and Professional Collectors        |
| C | No Extraordinatory Collection Efforts (Please Explain) |

The detailed, step-by-step procedures for in-house collections is required and should be reported below (or on a separate sheet to be submitted with the Report of Uncollectible Accounts Receivable):

### **DETAIL OF IN-HOUSE PROCEDURES**

| STEP | DESCRIPTION |
|------|-------------|
|      |             |
|      |             |
|      |             |
|      |             |
|      |             |
|      |             |

## OFFICE OF ACCOUNTS AND CONTROL

# DETAIL OF UNCOLLECTIBLE ACCOUNTS

DEPARTMENT / AGENCY

|  | <br> |  |  | <br> | <br> |  |  |
|--|------|--|--|------|------|--|--|
| FURTHER DESCRIPTION<br>(ATTACH ADDITIONAL<br>SHEETS) |      |  |  |      |      |  |  |
| LENGTH OF TIME<br>UNCOLLECTIBLE                      |      |  |  |      |      |  |  |
| COLLECTION<br>PROCEDURES<br>CODES                    |      |  |  |      |      |  |  |
| EXPLANATORY<br>CODE                                  |      |  |  |      |      |  |  |
| RECEIPT ACCOUNT<br>NUMBER AND TITLE                  |      |  |  |      |      |  |  |
| AMOUNT   |      |  |  |      |      |  |  |

### State of Rhode Island OFFICE OF ACCOUNTS AND CONTROL

| ment:  | bivision/Office: | STIMMARY AGING OF ACCOUNTS RECEIVABLE AS OF: |
|--------|------------------|--|
| Depart | Divisic          | ST IS  |

RECEIPT ACCOUNT:

| Over 90<br>Days \$      |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|
| No. of<br>Accounts      |  |  |  |  |  |  |
| 61-90<br>Days \$        |  |  |  |  |  |  |
| No. of<br>Accounts      |  |  |  |  |  |  |
| 31-60<br>Days \$        |  |  |  |  |  |  |
| No. of<br>Accounts      |  |  |  |  |  |  |
| Less than<br>30 Days \$ |  |  |  |  |  |  |
| No. of<br>Accounts      |  |  |  |  |  |  |
| Total \$<br>Amount      |  |  |  |  |  |  |
| No. of<br>Accounts      |  |  |  |  |  |  |

### SAMPLE

## State of Rhode Island OFFICE OF ACCOUNTS AND CONTROL

| \$ | 25       | \$25,000.00 | 25       | \$25,000.00 | 25         | <b>3</b> 3                                  | 25          | 100 \$100,000.00 | 100              |
|----|----------|-------------|----------|-------------|------------|---|-------------|------------------|------------------|
| D  | Accounts | Days \$     | Accounts | Days \$     | Accounts   | Days \$                                     | Accounts    | Amount           | Accounts         |
| 0  | No. of   | 61-90       | No. of   | 31-60       | No. of     | PΓ  | No. of      | Total \$         | No. of           |
|    |          |             |          |             |            |   |             | COUNT:           | RECEIPT ACCOUNT: |
|    |          |             | E AS OF: | RECEIVABLI  | F ACCOUNTS | SUMMARY AGING OF ACCOUNTS RECEIVABLE AS OF: | SUMIN       |                  |                  |
|    |          |             |          |             |            | Division/Office:                            | Division    |                  |                  |
|    |          |             |          |             |            | nent:                                       | Department: |                  |                  |

| Over 90<br>Days \$      | \$25,000.00  |  |  |  |  |  |  |
|-------------------------|--------------|--|--|--|--|--|--|
| No. of<br>Accounts      | 25           |  |  |  |  |  |  |
| 61-90<br>Days \$        | \$25,000.00  |  |  |  |  |  |  |
| No. of<br>Accounts      | 25           |  |  |  |  |  |  |
| 31-60<br>Days \$        | \$25,000.00  |  |  |  |  |  |  |
| No. of<br>Accounts      | 25           |  |  |  |  |  |  |
| Less than 30<br>Days \$ | \$25,000.00  |  |  |  |  |  |  |
| No. of<br>Accounts      | 25           |  |  |  |  |  |  |
| Total \$<br>Amount      | \$100,000.00 |  |  |  |  |  |  |
| No. of<br>Accounts      | 100          |  |  |  |  |  |  |